

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

Committee to Elect  
Art Staed

COMMITTEE NAME (Must be same as on Statement of Organization)

IMPORTANT: Indicate by # type of committee you are reporting for:  
( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

## CANDIDATE COMMITTEES ONLY:

Candidate Name

ART STAED

Political Party (if applicable)

Democratic

Office Sought

IOWA HOUSE

District (if Senate or House)

37

SIGNATURE OF PERSON FILING REPORT

Art Staed

TELEPHONE

319-899-4365

DATE SIGNED

8-26-04

I AM FILING A July 19<sup>th</sup> REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED July 19<sup>th</sup>

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

1,250.00

### ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

3,355.17

Schedule F: Loans Received total (Attach Schedule F)

2,000.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .....

6,605.17

### SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

3,794.70

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

2,810.47

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

### CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ N/A

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Art Staed

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6/12/04	ID# CK# 9638	Robert Bromley 3825 Valley place N.E. Cedar Rapids, IA 52402	/	\$ 50.00	<input type="checkbox"/>
6/13/04	ID# CK# 6730	Harlan Hanson 3006 Allegheny Dr. NE. Cedar Rapids, IA. 52402	/	100.00	<input type="checkbox"/>
6/15/04	ID# CK# 11564	Michael T. Becker 669 Staub Court Cedar Rapids, IA 52402	/	25.00	<input type="checkbox"/>
6/17/04	ID# CK# 3790	John D. Hedgecoth 3500 F Ave. NW Suite 1 Cedar Rapids, IA 52405	/	50.00	<input type="checkbox"/>
6/18/04	ID# 9098 CK# 002259	Iowa Democratic Party 5521 Fleur Dr. Des Moines, Iowa 50321	/	2000.00	<input type="checkbox"/>
6/18/04	ID# CK# 4199	Niles Ross 632 Ghrystal Dr. NE Cedar Rapids, IA 52402	/	50.00	<input type="checkbox"/>
6/18/04	ID# CK# 6509	Thomas J. Haugen 1454 Golfview Dr. NE. Cedar Rapids, IA 52402	/	15.00	<input type="checkbox"/>
6/18/04	ID# CK# 13077	Lu Barta Barron 2000 Linden Dr. SE. Cedar Rapids, IA. 52402	/	50.00	<input type="checkbox"/>
6/19/04	ID# CK# 7479	Gary J. Ficken 3323 Falconview Rd. SW. Cedar Rapids, IA. 52404	/	100.00	<input type="checkbox"/>
6/19/04	ID# CK# 1985	Harvey Ross 2229 Bever Ave SE. Cedar Rapids, IA 52403	/	15.00	<input type="checkbox"/>

SUB-TOTAL

\$ 2455.00

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 4  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Art Staed

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6/30/04	ID# CK# 3063	Sarah Hallbrook 507 Forest Dr. Cedar Rapids, IA 52403	/	\$ 10.00	<input type="checkbox"/>
6/30/04	ID# CK# 3167	James T. Dunnigan 2127 Windale Ave. NE. Cedar Rapids, IA 52402	/	15.00	<input type="checkbox"/>
7/5/04	ID# CK# 9191	Jan Aucutt 6827 Kiowa Trace NE. Cedar Rapids, IA 52402	/	30.00	<input type="checkbox"/>
7/5/04	ID# CK# 2666	Joseph O Beach 3510 Seminole Valley Dr NE. Cedar Rapids, IA 52411	/	50.00	<input type="checkbox"/>
7/6/04	ID# CK# 6315	Andrew Craig Peterson 3461 Oriole Ct. NE. Cedar Rapids, IA 52402	/	100.00	<input type="checkbox"/>
7/6/04	ID# CK# 8712	Carolyn Garwood 3405 Riverside Dr. NE. Cedar Rapids, IA 52411	/	10.00	<input type="checkbox"/>
7/8/04	ID# CK# 4750	Francis Gausino 3948 Roundtable Ave NE St. Louis MO. 63129	Cousin	100.00	<input type="checkbox"/>
7/8/04	ID# CK# 13143	Robert Foster 2818 Alleghany Dr. NE Cedar Rapids, IA 52402	/	100.00	<input type="checkbox"/>
7/10/04	ID# CK# 9435	Randy Atkinson 1402 Fox Trail Dr. NE. Cedar Rapids, IA 52402	/	40.00	<input type="checkbox"/>
7/12/04	ID# CK# Auto Dep.	Guarantee Bank Post Earnings - Interest	/	.17¢	<input type="checkbox"/>

SUB-TOTAL

\$ 455.17

TOTAL (if last page of this schedule)

\$3355.17

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 4 of 4  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**DISCLOSURE SUMMARY PAGE**

COMMITTEE NAME (Use the same as on Statement of Organization)

**Art Staed****Committee to Elect Art Staed**

IMPORTANT: Indicate by # type of committee you are reporting for:

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other  
Political Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political  
Subdivision PAC ( 11 ) Local Ballot Issue**CANDIDATE COMMITTEES ONLY:**

Candidate Name

**ART STAED**

Political Party (if applicable)

**DEMOCRATIC**

Office Sought

**IOWA HOUSE**

District (If Senate or House)

**37****FORM  
DR-2**

(Rev. 07/2004)

DISCLOSURE  
REPORT**For Office Use Only**

Comm. #

**1586**

Logged In

**SD**

Scanned

Computer

Audited

Late reports are subject to  
possible civil and criminal  
penalties.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A

**July 19**

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # **1**☐ CHECK IF AMENDMENT TO REPORT DATED☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the  
committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period or must be zero if this is first report filed.)**250.00****ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*\*also see in-kind below)

**3355.00**

Schedule F: Loans Received total (Attach Schedule F)

**2000.00**

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

**0****(Schedule H applies to Candidates' Committees Only)**

SUB-TOTAL

**5,605.00****SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

**3,794.70**

Schedule F: Loan Repayments total (Attach Schedule F)

**0****CASH ON HAND** at the end of this reporting period (if final report balance must  
be zero) (Attach DR-3)**2,565.47****\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)**5515.71****\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)**678.19****\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)**3000.00****CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)☐ YES ☒ NO**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)\$ **NA**

For Instructions, See Back of Form

Committee to Elect  
Art Staed

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Art Staed

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 88B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05/16/04	ID# CK# 7368	Patricia K Lahr 3230 Silverstone Rd. NE. Cedar Rapids, IA 52402	/	\$ 20.00	<input type="checkbox"/>
05/16/04	ID# CK# 7242	Robert King 4509 Benton St. N.E. Cedar Rapids, Iowa 52402	/	\$ 10.00	<input type="checkbox"/>
5/16/04	ID# CK# 9102	Suzanne Huffman 700 Williams St. Mason, Iowa 52302	/	25.00	<input type="checkbox"/>
5/16/04	ID# CK# Cash (pass Hat)	Nominating Convention (pass the hat)	/	50.00	<input checked="" type="checkbox"/>
5/16/04	ID# CK# Cash Fundraiser	Robb Hogg (pass the Hat) Fundraiser	/	70.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 175.00

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

 Page 1 of 4  
(for Schedule A)

For Instructions, See Back of Form

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Committee to Elect  
Art Staed

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect  
Art Staed

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4/22/04	ID# CK# 4469	Rebecca Palmer 2244 Bever Ave Cedar Rapids Iowa 52403	/	\$ 25.00	<input type="checkbox"/>
7/2/04	ID# CK# 678	Jennifer Buck 4450 Lantern Ct. Marion, Iowa 52302	/	25.00	<input type="checkbox"/>
6/30/04	ID# CK# Cash	Gary Anhalt 1939 4th Ave. S.E. Cedar Rapids, IA 52403	/	20.00	<input type="checkbox"/>
6/30/04	ID# CK# Cash	Carol O'Donnell 3025 31st St. Marion, Iowa 52302	/	10.00	<input type="checkbox"/>
6/30/04	ID# CK# Cash	John Hieronymas 506 Clark St. Iowa City, IA 52240	/	20.00	<input type="checkbox"/>
6/30/04	ID# CK# Cash	Beth Holt 7107 Winston Dr. SE. Cedar Rapids, IA 52402	/	20.00	<input type="checkbox"/>
6/30/04	ID# CK# 7273	Robert King 4509 Benton St. N.E. Cedar Rapids, IA 52402	/	20.00	<input type="checkbox"/>
6/30/04	ID# CK# 3154	Tania Johnson 413 28th St. N.W. Cedar Rapids, IA 52405	/	75.00	<input type="checkbox"/>
6/30/04	ID# CK# Cash	Maggie Swanson 420 9th Ave. Marion, IA 52302	/	5.00	<input type="checkbox"/>
6/30/04	ID# CK# 3676	Melissa Haars 2335 Ridgeway Dr. S.E. Cedar Rapids, IA 52403	/	50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 270.00

TOTAL (If last page of this schedule)

\$

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Page 2 of 4  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)**Committee to Elect  
Art Staed**

<b>SCHEDULE A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)Committee To Elect Art Staed

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/28/04	ID# CK# 2259	Committee To Elect Art Staed Iowa Democratic Party Hawkeye Labor Council	/	\$ 2,000.00	<input type="checkbox"/>
6/12/04	ID# CK# 4199	Niles Ross 632 Chrystal Dr. NE. Cedar Rapids, IA 52402	/	50.00	<input type="checkbox"/>
6/14/04	ID# CK# 6509	Thomas J. Haugen 1454 Golfview Dr. NE. Cedar Rapids IA 52402	/	15.00	<input type="checkbox"/>
6/15/04	ID# CK# 11564	Michael T. Becker 669 Staub Ct. Cedar Rapids, IA 52402	/	25.00	<input type="checkbox"/>
6/13/04	ID# CK# 13077	WBarbara Barron 2900 Linden Dr. SE Cedar Rapids, IA 52403	/	50.00	<input type="checkbox"/>
6/19/04	ID# CK# 1985	Harvey Ross 2229 Beaver Ave. SE. Cedar Rapids, IA 52403	/	15.00	<input type="checkbox"/>
6/19/04	ID# CK# 7479	Gary J. Ficken 3323 Falcon View Rd. SW. Cedar Rapids, IA 52404	/	100.00	<input type="checkbox"/>
6/17/04	ID# CK# 2790	John D. Hedgecoth 2500 F. Ave. NW, Suite 1 Cedar Rapids, IA 52405	/	50.00	<input type="checkbox"/>
6/13/04	ID# CK# 6780	Harlan Hanson 3006 Alleghany Dr. NE Cedar Rapids, IA 52402	/	100.00	<input type="checkbox"/>
6/12/04	ID# CK# 9638	Robert Bromley 3225 Valley Place NE Cedar Rapids, IA 52402	/	50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2,455.00	
TOTAL (if last page of this schedule)				\$	

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Page 3 of 4  
(for Schedule A)

For Instructions, See Back of Form

Committee to Elect  
Art Staed

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Art Staed

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6/30/04	ID# CK# 3063	Sarah Hallbrook 507 Forest Dr. Cedar Rapids, IA 52403	/	\$ 10.00	<input type="checkbox"/>
7/6/04	ID# CK# 6315	Andrew Craig Peterson 3461 Ogden Ct NE Cedar Rapids, IA 52402	/	100.00	<input type="checkbox"/>
7/6	ID# CK# 8712	Carolyn Garwood 3405 Riverside Dr. NE. Cedar Rapids, IA 52411	/	10.00	<input type="checkbox"/>
7/5/04	ID# CK# 9191	Jan Aucutt 6827 Kiowa Trace NE. Cedar Rapids, IA 52402	/	30.00	<input type="checkbox"/>
7/8/04	ID# CK# 4750	Francis Gausino 3948 Roundtable Ct. St. Louis, MO. 63129	Gausin	100.00	<input type="checkbox"/>
6/30/04	ID# CK# 3167	James T. Dunnigan 2727 Hindale Ave. NE Cedar Rapids, IA 52402	/	15.00	<input type="checkbox"/>
7/8/04	ID# CK# 13143	Robert Foster 2878 Alleghany Dr. NE. Cedar Rapids, IA 52402	/	100.00	<input type="checkbox"/>
7/12	ID# CK# Auto dep.	Guarantee Bank Post Earnings - Interest	/	.17¢	<input type="checkbox"/>
7/5	ID# CK# 2666	Joseph O Beach 3510 Seminole Valley Dr NE. Cedar Rapids, IA 52411	/	50.00	<input type="checkbox"/>
7/10	ID# CK# 9435	Randy Atkinson 1402 Fox Trail Dr. NE Cedar Rapids, IA 52402	/	40.00	<input type="checkbox"/>

SUB-TOTAL

\$455.00

TOTAL (if last page of this schedule)

\$3,355.00

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Page 4 of 4  
(for Schedule A)



# Committee to Elect Art Staed

Resol Form

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Art Staed

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/22/04	ID# CK# 2506	Linn County Auditor 930 1st St. SW. Cedar Rapids, IA 52404 Reimburse - Art Staed	Voter Files & Precinct maps	\$ 76.70
5/26/04	ID# CK# 2501	Informatics 118 Second St. SE Suite 200 Cedar Rapids, IA 52401	Website Hosting & Setup	268.00
6/22/04	ID# CK# 2507	Reimburse - Art Staed Crown Trophy 3950 Center Point Rd. NE Cedar Rapids, IA 52409	Candidate Name Badges	15.75
5/26/04	ID# CK# 2502	Rpach Communications 3711 Stonewall Court NW. Cedar Rapids, IA 52405	Graphic Design for logo & yard signs	395.00
6/22/04	ID# CK# 2508	Reimburse - Art Staed Hy-Vee - 3235 Oakland Rd. NE. Cedar Rapids, IA 52402	Soda & Ice for organizational mtgs	19.69
6/10/04	ID# CK# 2503	US P.O. Cedar Rapids	Bulk mail permit for # 334	1,000.00
6/18/04	ID# CK# 2504	US P.O. Cedar Rapids	Mailing Permit	150.00
6/22/04	ID# CK# 2505	Garter Printing 1739 East Grand Ave. Des Moines, IA 50316	Campaign Cards 5000	591.46
SUB-TOTAL				\$ 2516.16
TOTAL (if last page of this schedule)				\$

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

Page 1 of 2

(for Schedule B)

# Committee to Elect Art Staed

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Art Staed

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/22/04	ID# CK# 2505	Garter Printing 1789 E. Grand Ave Des Moines, IA 50316	5000 letterhead Envelopes & Bus Cards	\$ 1,240.62
6/14/04	ID# CK# Auto- with drawal	Guarantee Bank Overdraft Gedar Rapids, IA.	Overdraft Bank Fee	27.50
7/12	ID# CK# Auto- with drawal	Guarantee Bank Account Handling Gedar Rapids IA.	Account Handling	9.98
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1278.10
TOTAL (if last page of this schedule)				\$ 3794.70

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

# Committee to Elect Art Staed

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Art Staed

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

## DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5/15/04	Garter Printing 1739 E. Grand Ave Des Moines, IA 50316 Reimburse Art Staed	yard signs and wires	\$ 1,897.59
6/7/04	Garter Printing 1739 East Grand Ave Des Moines, IA 50316	letterhead, Envelopes 5000 Bus. Cards	1,220.30
6/15/04	North East Post Office Cedar Rapids, IA. "pd by Art Staed"	Parcel Mailings	69.93
6/21/04	North East Post Office Cedar Rapids, IA. "pd by Art Staed"	Parcel Mailings	148.74
7/8/04	Reimburse - Art Staed (for Kinko's 4640 1st Ave NE Cedar Rapids, IA)	#100-count 1st Flyers	221.53
7/12/04	Garter Printing 1739 E. Grand Ave. SE. Des Moines, IA 50316	postcards Envelopes Campaign Cards	1,144.75
7/12/04	Informatics 118 2nd St Suite 200 Cedar Rapids, IA 52401	TS Basic internet. gov	198.00
SUB-TOTAL			\$ 4900.84
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 2  
(for Schedule D)

## CANDIDATE COMMITTEES NOTE:

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect  
Art Staed

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YY)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
7/9	US post Office - NE Gedar Rapids, IA. "Reimburse Art Staed"	return Address postage Stamps	\$ 57.87
6/22	US P.O. Reimburse Art Staed	June 30 <sup>th</sup> postage (Rally postage)	112.00
7/7/04	Roach Communication 3711 Stonewall Ct. NW, Gedar Rapids, IA. 52405	Postcards/Book mark Shell design	150.00
6/8/04	Roach Communications 3711 Stonewall Ct. NW, Gedar Rapids, IA 52405	Envelopes Cowboy Card	295.00

SUB-TOTAL \$  
614.87TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD \$  
5515.71

\*If actual figure is unknown, show "estimated" beside the figure.

Page 2 of 2  
(for Schedule D)

## CANDIDATE COMMITTEES NOTE:

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

\*\*\*\*\*ITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Art Stead

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN KIND  
CONTRIBUTIONS☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6/30/04	Judy Ghihak 1845 Lyndhurst Dr. Hiawatha, IA 52233		2-12 pkts. pop	\$ 6.00	<input checked="" type="checkbox"/>
6/30/04	Tonya Johnson 63 Abel Dr. Guttenburg, IA 52052		Juice Boxes	5.00	<input checked="" type="checkbox"/>
6/30/04	Dan Slife 3813 Foxborough Terrace NE. Cedar Rapids, IA 52404	Unit C	Gh. ps	5.00	<input checked="" type="checkbox"/>
6/30/04	Barb Hart 1107 12th St. NE. Cedar Rapids, IA 52402		Gh. ps	5.00	<input checked="" type="checkbox"/>
6/30/04	Holly Heusinkveld 4209 H. St. Amara, IA 52203		Gh. ps	5.00	<input checked="" type="checkbox"/>
6/30/04	Chantol Feyershelm 4120 Finch NE Cedar Rapids, IA 52402		Cookies	8.00	<input checked="" type="checkbox"/>
6/30/04	Connie Jones Address Unknown Neighbor to Jones		Cookies	8.00	<input checked="" type="checkbox"/>
6/30/04	Joan Moore 6323 Grestridge Ave S.W. Cedar Rapids, IA 52404		Cookies	4.00	<input checked="" type="checkbox"/>
6/30/04	Sunny Story (Alison) 3813 Foxborough Terrace NE. Unit C Cedar Rapids, IA 52402		Cookies	12.00	<input checked="" type="checkbox"/>
6/30/04	Matt Russel 302 Lookout Court SW. Cedar Rapids, IA 52404		24-pk. Beer	14.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 72.00	
TOTAL (If last page of this schedule)				\$	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3  
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Art Staed

For  
Stand for Education - Rally

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN KIND  
CONTRIBUTIONS☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6/30/04	Kathy Krehbiel 3145 Hickory Dr. Solon, IA 52333		Ice	\$ 8.00	<input checked="" type="checkbox"/>
6/30/04	Kathy Krehbiel 3145 Hickory Dr. Solon, IA 52333		Paper plates + products	\$ 35.00	<input checked="" type="checkbox"/>
6/30/04	Kathy Krehbiel 3145 Hickory Dr. Solon, IA 52333		Bottled water	12.00	<input checked="" type="checkbox"/>
6/30/04	Kathy Krehbiel 3145 Hickory Dr. Solon, IA 52333		Charcoal	10.00	<input checked="" type="checkbox"/>
6/30/04	Beth Holt 7707 Winston, Dr S.E. Cedar Rapids, IA 52402		flyer & printing	63.00	<input checked="" type="checkbox"/>
6/30/04	Ray Teuss 2657 55th St Vinton, IA 52349		Beverage	10.00	<input checked="" type="checkbox"/>
6/30/04	Beth Holt 7707 Winston Dr. S.E. Cedar Rapids, IA 52402		Decorations	52.00	<input checked="" type="checkbox"/>
6/30/04	Lisa Reid 7307 32nd Ave. Atkins, IA 52206		24 pk. pop	6.00	<input checked="" type="checkbox"/>
6/30/04	Hal & Carolyn Garwood 3405 Riverside Dr. NE. Cedar Rapids, IA 52411		2-12 pks pop	6.00	<input checked="" type="checkbox"/>
6/30/04	Jennifer Manternach 407 Prairie View Circle Fairfax, IA 52238		3-12 pks pop	8.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 210.00	
TOTAL (If last page of this schedule)				\$	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 3  
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Art Staed

Reset Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
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☐ CHECK THIS BOX IF  
AMENDING FORM

(Stand For Education Rally)

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6/30/04	Rosemary Berckes 6125 Wayside Circle Cedar Rapids, IA 52411		Beverages	\$ 14.00	<input checked="" type="checkbox"/>
6/30/04	Jennifer Nurre 1636 Woodside Ct. NW Cedar Rapids, IA. 52405		Beverage	7.00	<input checked="" type="checkbox"/>
6/30/04	Michele Geers 24 Leisure Blvd. NE Cedar Rapids, IA. 52402		Beverage	14.00	<input checked="" type="checkbox"/>
6/30/04	Becky Dickinson Ann Morris / 587 Sanden Rd Cedar Rapids, IA 52411		Hot Dog Buns	15.00	<input checked="" type="checkbox"/>
6/30/04	Becky Dickinson 2997 Somerbrook Ln Marion, IA 52302		Hot Dog Buns	15.00	<input checked="" type="checkbox"/>
6/30/04	Becky Dickinson 2997 Somerbrook Ln Marion, IA 52302		Condiments	15.00	<input checked="" type="checkbox"/>
6/30/04	Kathy Krehbiel 3145 Hickory Dr. Solon, IA 52333		Beverages	12.00	<input checked="" type="checkbox"/>
6/30/04	Gary Ficken 3323 Falcon View Rd. SW. Cedar Rapids, IA 52404		T Shirts	267.50	<input checked="" type="checkbox"/>
6/30/04	Beth Holt 7707 Winston Dr. SE Cedar Rapids, IA 52402		Party mix Snacks	36.69	<input checked="" type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 396.19

TOTAL (If last  
page of this  
schedule)

\$ 678.19

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 3  
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Art Staed

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1,000.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
6/15/04	Art m. Staed 2905 Alleghany Dr NE Cedar Rapids IA	Self	\$ 2,000.00

TOTAL (PART I) \$ 2,000.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$

From Schedule E -- TOTAL LOANS FORGIVEN \$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 3,000.00

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

Page 1 of 1  
(for Schedule F)



SCHEDULE <b>F</b> (Rev. 07/03)	LOANS RECEIVED & REPAYED
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

07/19/2004 11:45

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